

THE ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

ATTORNEY DOCKET NUMBER: 2729-115

Sir:

Transmitted herewith for filing is the Utility patent application of:

INVENTOR (S): **Boo-Chan JANG**

FOR: **NETWORK BASED EMPLOYEE BENEFIT SYSTEM**

Enclosed are:

- ☒ 24 page(s) of Specification, Claims and Abstract
- ☒ 8 sheet(s) of ☐ formal ☒ informal drawings
- ☐ Declaration & Power of Attorney
- ☒ Claim of Priority under 35 U.S.C. ' 119
- ☐ Certified copy of Korean Patent Application No. 2000-22806 filed April 28, 2000.
- ☐ An assignment conveying title in instant application to EXANADU Corporation, with PTO Form 1595.
- ☒ Return Receipt Postcard

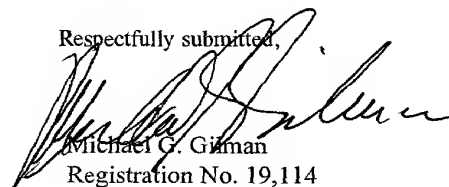
The filing fee is calculated as shown below:

	NO. FILED		NO. EXTRA	RATE	AMOUNT
Total Claims	21	MINUS 20	1	x \$ 9 =	\$ 9.00
Independent Claims	4	MINUS 3	1	x \$ 40 =	\$ 40.00
If multiple dependent claims are presented, add \$ 270.00					\$ 0.00
Basic Fee					\$ 355.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.					\$.00
Total of above calculations					\$ 404.00
<input type="checkbox"/> Assignment and Recording Fee					\$ 40.00
TOTAL FEE					\$ 404.00

- ☐ Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the filing and assignment recordation fees. A duplicate copy of this paper is enclosed.
- ☐ A credit card authorization for **\$0.00** to cover the filing fees is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. ' 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 07-1337**.

Please forward all correspondence to **Benjamin J. Hauptman**.

Respectfully submitted,


Michael G. Gilman
Registration No. 19,114

LOWE HAUPTMAN GILMAN & BERNER, LLP (22429)
1700 Diagonal Road
Suite 310, Alexandria, Virginia 22314
Tel: (703) 684-1111
Date: April 27, 2001
BJH:MGG:ms